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Advancement of women

Malawi:* draft resolution

Supporting efforts to end obstetric fistula

The General Assembly,

Recalling its resolutions 62/138 of 18 December 2007 and 63/158 of 18 December 2008 on supporting efforts to end obstetric fistula,

Reaffirming the Beijing Declaration and Platform for Action,[1] the outcome of the twenty-third special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century"[2] and the declaration adopted at the forty-ninth session of the Commission on the Status of Women,[3]

Reaffirming also the international commitments in the field of social development and to gender equality and the advancement of women made at the World Conference on Human Rights, the International Conference on Population and Development, the World Summit for Social Development and the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, as well as those made in the United Nations Millennium Declaration[4] and at the 2005 World Summit,[5]

Reaffirming further the Convention on the Elimination of All Forms of Discrimination against Women[6] and the Convention on the Rights of the Child,[7] and

* On behalf of the States Members of the United Nations that are members of the African Group.

[1] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

[2] Resolution S-23/2, annex, and resolution S-23/3, annex.

[3] See *Official Records of the Economic and Social Council, 2005, Supplement No. 7* and corrigendum (E/2005/27 and Corr.1), chap. I, sect. A; see also Economic and Social Council decision 2005/232.

[4] See resolution 55/2.

[5] See resolution 60/1.

[6] United Nations, *Treaty Series*, vol. 1249, No. 20378.

[7] Ibid., vol. 1577, No. 27531.

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urging States that have not done so to consider, as a matter of priority, signing, ratifying or acceding to those Conventions and the Optional Protocols thereto,[8]

Taking note with appreciation of the report of the Secretary-General on supporting efforts to end obstetric fistula,[9] and welcoming the conclusions and recommendations contained therein,

Stressing the interlinkages among poverty, malnutrition, lack of or inadequate or inaccessible health services, early childbearing, early marriage of the girl child, violence against young women and girls and gender discrimination as root causes of obstetric fistula, and that poverty remains the main social risk factor,

Recognizing that the difficult socio-economic conditions that exist in many developing countries, in particular the least developed countries, have resulted in the acceleration of the feminization of poverty,

Recognizing also that early pregnancy and early childbearing entail complications during pregnancy and delivery and a much higher risk of maternal mortality and morbidity, and deeply concerned that early childbearing and limited access to the highest attainable standard of health, including sexual and reproductive health, including in the area of emergency obstetric care, cause high levels of obstetric fistula and other maternal morbidities, as well as maternal mortality,

Recognizing further the serious immediate and long-term implications for health, including sexual and reproductive health, as well as increased vulnerability to HIV/AIDS, and the negative impact on psychological, social and economic development that violence against the girl child and adolescent girls represents for individuals, families, communities and States,

Deeply concerned about discrimination against the girl child and the violation of the rights of the girl child, which often result in less access by girls to education and nutrition, reduced physical and mental health and enjoyment by girls of fewer of the rights, opportunities and benefits of childhood and adolescence compared with boys, and in their often being subjected to various forms of cultural, social, sexual and economic exploitation and to violence and harmful practices,

Welcoming the contribution by Member States, the international community and civil society to the global Campaign to End Fistula, bearing in mind that a people-centred approach to social and economic development is fundamental for protecting and empowering individuals and communities,

Welcoming also the outcome document of the high-level plenary meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals, "Keeping the promise: united to achieve the Millennium Development Goals",[10] in particular the references to Millennium Development Goal 5,

Taking note with appreciation of the Global Strategy for Women's and Children's Health launched on 22 September 2010 and the support expressed by Member States, the international community, civil society and the private sector for the Strategy,

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[8] Ibid., vol. 2131, No. 20378; and ibid., vols. 2171 and 2173, No. 27531.

[9] A/63/222.

[10] See resolution 65/1.

Welcoming ongoing partnerships between stakeholders at all levels to address the multifaceted determinants of maternal, newborn and child health and the commitments announced during the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals to accelerate progress on the health-related Millennium Development Goals,

Acknowledging the renewed and reinforced commitments made by Member States for achieving Millennium Development Goal 5,

1. *Recognizes* the interlinkages among poverty, malnutrition, lack of or inadequate or inaccessible health services, early childbearing, early marriage of the girl child and gender discrimination as root causes of obstetric fistula, that poverty remains the main social risk factor, that the eradication of poverty is critical to meeting the needs and protecting and promoting the rights of women and girls and that continued urgent national and international action is required to eliminate it;

2. *Stresses* the need to address the social issues that contribute to the problem of obstetric fistula, such as early marriage of the girl child, early pregnancy, lack of access to sexual and reproductive health, lack of or inadequate education of women and girls, poverty and the low status of women and girls;

3. *Also stresses* that States have the obligation to promote and protect all human rights and fundamental freedoms of women and girls, that they must exercise due diligence in order to prevent, investigate and punish the perpetrators of violence against women and girls and to provide protection to the victims, and that failure to do so violates and impairs or nullifies the enjoyment of the human rights and fundamental freedoms of women and girls;

4. *Calls upon* States to take all necessary measures to ensure the right of women and girls to the enjoyment of the highest attainable standard of health, including sexual and reproductive health, and develop sustainable health systems and social services, with a view to ensuring access to such systems and services without discrimination, while paying special attention to adequate food and nutrition, water and sanitation, family planning information, increasing knowledge and awareness and securing appropriate prenatal and post-natal care for the prevention of obstetric fistula;

5. *Also calls upon* States to ensure that women and girls have equal access to free and compulsory primary education of good quality and that they complete their education at that level, and to renew their efforts to improve and expand girls' and women's education at all levels, including at the secondary and higher levels, as well as vocational education and technical training, in order to, inter alia, achieve gender equality, the empowerment of women and poverty eradication;

6. *Urges* States to enact and strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses and, in addition, to enact and strictly enforce laws concerning the minimum legal age of consent and the minimum age for marriage, and to raise the minimum age for marriage where necessary;

7. *Calls upon* the international community to support the activities of the United Nations Population Fund and other partners in the global Campaign to End Fistula, including the World Health Organization, in establishing and financing national and regional fistula treatment and training centres by identifying and

supporting health facilities that have the potential to serve as centres for treatment, training and convalescent care;

8. *Also calls upon* States to accelerate progress in order to achieve Millennium Development Goal 5 by addressing reproductive, maternal, newborn and child health in a comprehensive manner through, inter alia, the provision of family planning, prenatal care, skilled attendance at birth, emergency obstetric and newborn care and methods of prevention and treatment of sexually transmitted diseases and infections, such as HIV, within strengthened health systems that provide accessible and affordable integrated health-care services and include community-based preventive and clinical care, as also reflected in the outcome document of the High-level Plenary Meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals, "Keeping the promise: united to achieve the Millennium Development Goals",[10] and the Global Strategy for Women's and Children's Health;

9. *Further calls upon* States and/or the relevant funds and programmes, organs and specialized agencies of the United Nations system, within their respective mandates, and invites the international financial institutions and all relevant actors of civil society, including non-governmental organizations, and the private sector:

(a) To redouble their efforts to meet the internationally agreed goal of improving maternal health by making maternal health services and obstetric fistula treatment geographically and financially accessible, including by increasing access to skilled attendance at birth, emergency obstetric care and appropriate prenatal and post-natal care;

(b) To develop, implement and support national and international prevention, care and treatment and socio-economic reintegration and support strategies, as appropriate, to address effectively the condition of obstetric fistula and to develop further a multisectoral, multidisciplinary, comprehensive and integrated approach in order to bring about lasting solutions and put an end to obstetric fistula, maternal mortality and related morbidities, including through ensuring access to affordable, comprehensive, quality maternal health-care services, including skilled birth attendance and emergency obstetric care;

(c) To strengthen the capacity of health systems, in particular public health systems, to provide the essential services needed to prevent obstetric fistula and to treat those cases that do occur by providing the continuum of services, including family planning, prenatal care, skilled birth attendance, emergency obstetric care and post-partum care, to young women and girls, including those living in poverty and in underserved rural areas where obstetric fistula is most common;

(d) To strengthen research, monitoring and evaluation systems, including community-based notification of obstetric fistula cases and maternal and newborn deaths, to guide the implementation of maternal health programmes;

(e) To provide essential health services, equipment and supplies and skills training and income-generating projects to women and girls so that they can break out of the cycle of poverty;

(f) To mobilize funding to provide free or subsidized fistula repairs, including through encouraging more networking among providers and the sharing of new treatment techniques and protocols;

(g) To improve data collection, pre- and post-surgery, to measure progress in addressing the needs for surgical treatment and the quality of surgery, rehabilitation and socio-economic reintegration services;

(h) To provide health education, rehabilitation and reintegration counselling, including medical counselling, as key components of post-operative care to all women after fistula repair, including to those with irreparable cases;

(i) To bring obstetric fistula to the attention of policymakers and communities, thereby reducing the stigma and discrimination associated with it and helping women and girls suffering from obstetric fistula so that they can overcome abandonment and social exclusion together with the psychosocial implications thereof through, inter alia, the support of social reintegration projects;

(j) To educate individual women and men, girls and boys, communities, policymakers and health professionals about how obstetric fistula can be prevented and treated, to increase awareness of the needs of pregnant women and girls, including their right to the highest attainable standard of health, by working with community and religious leaders, traditional birth attendants, the media, radio stations, influential public figures and policymakers; to support the training of doctors, midwives, nurses and other health workers in lifesaving obstetric care; and to include training on fistula repair, treatment and care as a standard element of the training curricula of health professionals;

(k) To develop means of transportation and financing that enable women and girls to access obstetric care and treatment, and provide incentives and other means to secure the presence in rural areas of qualified health professionals who are able to perform interventions to prevent obstetric fistula;

10. *Encourages* communication and networking among existing fistula centres to facilitate training, research, advocacy and fund-raising and the development and application of relevant standards, including *Obstetric Fistula: Guiding Principles for Clinical Management and Programme Development*, published in 2006 by the World Health Organization, which provides background information and principles for developing fistula prevention and treatment strategies and programmes;

11. *Urges* the international community to address the shortages of doctors, midwives, nurses and other health workers trained in lifesaving obstetric care, and of space and supplies, that limit the capacity of most fistula centres;

12. *Also urges* multilateral donors, and invites international financial institutions, within their respective mandates, and regional development banks to review and implement policies to support national efforts to ensure that a higher proportion of resources reaches young women and girls, in particular in rural and remote areas;

13. *Invites* Member States to contribute to efforts to end obstetric fistula, including, in particular, the global Campaign to End Fistula of the United Nations Population Fund, with the goal of eliminating obstetric fistula by 2015, in line with the targets of the Millennium Development Goal of improving maternal health;

14. *Requests* the Secretary-General to report to the General Assembly at its sixty-seventh session on the implementation of the present resolution under the item entitled "Advancement of women".